

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/08/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G040		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/15/2013	
NAME OF PROVIDER OR SUPPLIER ARC OF NORTHWEST INDIANA INC, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 300 W 53RD AVE GARY, IN 46410			
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W000000	<p>This visit was for the investigation of complaint #IN00123154.</p> <p>Complaint #IN00123154: SUBSTANTIATED, Federal and State deficiency related to the allegation was cited at W436.</p> <p>Unrelated deficiencies cited.</p> <p>Dates of survey: February 27, 28, March 1, 4, 5, 6, 11, 12, 13, 14, and 15, 2013.</p> <p>Facility number: 000597 Provider number: 15G040 AIM number: 100233420</p> <p>Surveyor: Susan Eakright, Medical Surveyor III/QMRP-Team Leader Christine Colon, Medical Surveyor III/QMRP</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 3/25/13 by Ruth Shackelford, Medical Surveyor III.</p>		W000000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W000102	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on observation, interview, and record review, the facility failed to meet the Condition of Participation: Governing Body for 3 of 3 sampled clients (A, B, and C) and for 2 additional clients (clients D and E). The governing body failed to provide oversight and management of Nursing Services. The governing body failed to ensure the facility put in place a plan to provide Nursing Services with oversight by a Registered Nurse.</p> <p>Findings include:</p> <p>Please refer to W104. The governing body failed to provide oversight of the facility's nursing services to meet the needs of clients A and B in regard to monitoring each client's health care needs, assessing client A's skin breakdown, developing a risk plan specific to meet the identified health care needs of clients A and B, failed to ensure client A's blood pressure readings were recorded, to complete client A's skin assessments/body checks, and to document client A's repositioning. The facility's nursing services failed to ensure staff were trained to provide care/treatment of client A and B's healthcare needs for 2 of 3 sampled</p>	W000102	<p>An RN was contracted on 1/26/13 to conduct medication administration classes and was available for at time of Nursing Manager's absence if needed. The Nursing Manager was hospitalized from 2/13/13 to 2/15/13. During her absence, she took phone calls in the hospital just like she does when she is home. Director of Community Services redistributed non-nursing portion of job to other staff and worked directly with the contracted nurse and temps to assure services according to the standards, policies and procedures. Two LPNs were hired on 3/11/13. On 4/8/13, an RN was hired as Director of Health Services. One LPN position remains open with a temporary nurse filling in until a suitable replacement can be found. So at the present time, The Arc Northwest Indiana employs two RNs, two LPNs, and one temp LPN. All other homes were affected by this dramatic change in nursing staff. These new nurses will serve 53 th and our other group homes. In addition an experienced RN will stay on staff until such time that these new nurses are up to speed with all of the clients care. We now have a contract with a</p>		04/14/2013		

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	<p>clients (clients A and B).</p> <p>Please refer to W318. The governing body failed to meet the Condition of Participation: Health Care Services, as the facility failed to provide health care monitoring and oversight of nursing services for 3 of 3 sampled clients (clients A, B, and C) and two additional clients (clients D and E). The governing body failed to exercise general policy and operating direction over the facility to ensure the facility's nursing services met each client's identified health care needs in regard to failing to monitor the clients' health care needs, complete documented assessments, and provide staff training specific for: skin breakdown, repositioning, recording blood pressure readings, development of risk assessments, implementation of the facility's policy and procedure for medication security and medication labeling. The governing body failed to exercise general policy and operating direction over the facility to have Licensed Nursing staff to care for clients' health needs from 2/13/13 until 2/19/13 and failed to ensure a registered nurse was available to consult and/or oversee licensed practical nurses to ensure nursing staff met the health care needs of the clients.</p>				<p>temporary nursing agency so that there is no delay in replacing a nurse should one not be able to fulfill their job duties. In the absence of the Director of Health Services, the Director of Community Services was responsible for assuring policies and procedures and nursing services. The Director of Health Services is taking on this responsibility and is responsible for future monitoring of nursing services. When a consumer is hospitalized the Community Services Nurse in coordination with the Service Coordinator will develop plans to address any changes in condition. A meeting will be held within 24 hours prior to or following discharge with the day program and others relevant to the client's care and document team discussion and approvals if necessary. To prevent reoccurrence, this will be done for all consumers returning home after hospitalization as a standard practice. The Behavior Health Director or the Community Services Operations Director will hold a weekly meeting to review changes in client status and ensure these meetings are scheduled or have been completed and document this discussion.</p>		

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	9-3-1(a)						

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W000104	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, interview, and record review, the facility's governing body failed to exercise operating direction over the facility for 3 of 3 sampled clients (clients A, B, and C) and two additional clients (clients D and E), to provide oversight of the facility's nursing services to meet the needs of clients A and B in regard to monitoring each client's health care needs, assessing client A's skin breakdown, developing a risk plan specific to meet the identified health care needs of clients A and B, failed to ensure client A's blood pressure readings were recorded, to complete client A's skin assessments/body checks, and to document client A's repositioning. The facility's governing body failed to exercise operating direction over the facility's nursing services to ensure staff were trained to provide care/treatment of client A and B's health care needs and medication security for clients A, B, C, D, and E.</p> <p>Findings include:</p> <p>The governing body failed to exercise general policy and operating direction over the facility to ensure the facility's</p>	W000104	<p>Please see W 102 in addition</p> <p>The wound care tracking sheet and work instructions were revised again on 4/14/13. The community service nurse will identify when this procedure is required the work instruction identifies times when clients are at greater risk. When needed Staff will complete the wound tracking sheet and will fax it into the Nurse daily for review with the hard copy being sent into the office weekly. In addition other consumers with health risks such as blood pressures, completing body checks, use of a Hoyer lift, repositioning, and wound care will have their risk plans evaluated or developed and all staff will be trained on them by 4/14/13. To ensure adherence to these new risk plans the service coordinator in conjunction with the community services nurse will visit the home on a bi weekly basis to ensure staff are implementing the plans appropriately.</p>		04/14/2013		

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	<p>nursing services met client A's health care needs in regard to monitoring the client A's health needs, assessing client A's skin breakdown, developing a risk plan specific to meet the health care need of client A, ensuring the facility staff recorded blood pressure readings, completed skin assessments/body checks, and repositioning charting for client A. The governing body failed to exercise general policy and operating direction over the facility's nursing services to ensure facility staff were trained to provide care/treatment of client A and B's health care needs. Please refer to W331.</p> <p>The governing body failed to exercise general policy and operating direction over the facility to ensure the facility's nursing services conducted quarterly nursing assessments of client B and C's health status and medical needs for 2 of 3 sampled clients (clients B and C). Please refer to W336.</p> <p>The governing body failed to exercise general policy and operating direction over the facility to ensure the facility's nursing services trained the facility staff in regard to documenting blood pressure readings on the Medication Administration Record (MAR) and to ensure staff were trained in regard to documentation of the client's daily notes</p>						

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	<p>and/or body/repositioning checks, and to ensure facility staff were trained/retrained to provide care for skin breakdown for 2 of 3 sampled clients (clients A and B). Please refer to W342.</p> <p>The governing body failed to exercise general policy and operating direction over the facility to have Licensed Nursing staff to care for clients' health needs from 2/13/13 until 2/19/13 for 5 of 5 clients (clients A, B, C, D, and E). Please refer to W344.</p> <p>The governing body failed to exercise general policy and operating direction over the facility to ensure a registered nurse was available to consult and/or oversee licensed practical nurses to ensure nursing staff met the health care needs of the clients for 5 of 5 clients residing at the group home (clients A, B, C, D and E). Please refer to W346.</p> <p>The governing body failed to exercise general policy and operating direction over the facility to ensure the facility staff implemented the policy and procedure to keep client medications locked when not being administered for 1 of 3 sampled clients (client A). Please refer to W382.</p> <p>The governing body failed to exercise general policy and operating direction</p>						

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	<p>over the facility to ensure the facility implemented the agency policy and procedure to have wound care medications labeled for 1 of 3 sampled clients (client A). Please refer to W391.</p> <p>9-3-1(a)</p>						

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W000125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review and interview, for 1 of 3 sampled clients living at the group home (client A), the facility failed to ensure client A's rights by not obtaining a DNR (Do Not Resuscitate)/code status consent from her legally sanctioned representative.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 2/27/13 from 4:45 P.M. until 6:30 P.M.. During the entire observation client A lay in her bed. Client A did not eat or drink and had no activity during the observation.</p> <p>A review of client A's group home record was conducted on 2/27/13 at 5:03 P.M.. Review of client A's record did not indicate a DNR/code status for client A.</p> <p>An interview with Direct Support Professional (DSP) #2 was conducted on 2/27/13 at 5:20 P.M.. DSP #2 indicated staff were instructed that 9-1-1 was not to be called if something happened to client</p>	W000125	<p>Arrangements for the DNR and Hospice care were made between this clients Legal guardian and Hospice. This client was in the care of a hospice nurse. Hospice instructed the staff and Service Coordinator to not call 911 or perform CPR. The Arc NWI failed to obtain the documentation of this agreement. The agreement was obtained on 3/5/13. To ensure future compliance, the Service Coordinator in conjunction with the Nurse will ensure that releases of information are obtained by legal representatives and that documentation of care and care plans including DNR are obtained. The policy for releases of information will be revised by 4/14/13 In addition a work instruction for working with Hospice will be developed so that professional staff will have guidance in working with any future clients whom require such services. To ensure future compliance the behavior Health Director will audit the files for any clients whom receive Hospice care to ensure that a release of information and DNRs are</p>		04/14/2013		

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	<p>A. DSP #2 further indicated staff were instructed they are not to perform CPR (Cardiopulmonary Resuscitation) on client A.</p> <p>An interview with the Service Coordinator/Qualified Mental Retardation Professional (SC/QMRP) was conducted on 2/27/13 at 5:30pm. The SC/QMRP indicated staff had been instructed not to call 9-1-1 if something happened to client A. The SC/QMRP indicated staff had been instructed not to perform CPR on client A. The SC/QMRP indicated no DNR/Code Status record was available for review for client A. The SC/QMRP indicated she had not spoken to client A's legally sanctioned representative regarding client A's code status.</p> <p>A review of client A's record was conducted at the facility's administrative office on 2/28/13 at 12:15 P.M.. Client A's record did not indicate a DNR/code status for client A. Further review of the record indicated client A was unable to give informed consent and had a legally appointed decision maker to assist in making medical decisions. There was no documentation in the record to indicate client A's legally appointed decision maker signed a DNR for client A if she had a change in code status.</p>		obtained within one week of the service beginning.				

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	<p>A review of client A's record was conducted at the facility's administrative office on 2/28/13 at 12:15 P.M.. Client A's 12/21/12 hospital discharge record indicated: "Filed: 12/13/12...Diagnoses: Hyperparathyroidism, Hypercalcemia, Weight loss, Aortic stenosis, Atrial fibrillation chronic, Cavitory lesion of lung, Adenocarcinoma (Cancer) of lung, stage 1."</p> <p>An interview with the Service Coordinator (SC) was conducted at the facility's administrative office on 3/1/13 at 11:45 A.M.. The SC indicated she did not have written documentation a DNR/code status was obtained in regards to client A.</p> <p>9-3-2(a)</p>						

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W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 1 of 3 sampled clients (client A), the facility neglected to implement written policy and procedures to conduct a thorough investigation of an injury of unknown origin. The facility neglected to ensure nursing services met the health care needs of client A.</p> <p>Findings include:</p> <p>1. A review of the facility's records was conducted at the facility's administrative office on 2/27/13 at 2:15 P.M.. Review of the facility's internal Incident/Accident reports and Bureau of Developmental Disability Services (BDDS) reports indicated:</p> <p>BDDS report dated 1/27/13...Date of Knowledge: 1/27/13...Submitted Date: 1/29/13 indicated: "During hospital transport to [Hospital #2 name], [client A]'s foot was cut. Plan to Resolve: [Client A] required at least 6 stitches on her left toe. [Client A] is currently in the hospital. While visiting the hospital for follow up on [client A]'s wound care, [Hospital #2]'s Nursing staff indicated that [client A] sustained an injury during</p>		W000149	<p>The Behavior Health Director will review reporting and investigation requirements for Abuse Neglect (including the neglect of medical care), Exploitation and injuries of unknown origin of clients with the Service Coordinator and DSPs that are involved with 53 th Ave by 4/14/13. In order to identify other areas of concern all other Coordinators will be trained on reporting and investigation requirements for Abuse Neglect, and Exploitation. In order to prevent reoccurrences posters explaining client rights and reporting requirement will be made and distributed to all group homes and the day program so that staff and clients become more aware of the requirements on an ongoing basis. Additionally all staff will be trained on reporting and investigation requirements for Abuse Neglect, and Exploitation at least annually unless changes occur or need requires this to be done more frequently. To ensure that Service Coordinators are trained on reporting and investigation requirements for Abuse Neglect (including the neglect of medical care), Exploitation and injuries of unknown origin the Behavioral Health Director will review their training records at least annually</p>		04/14/2013	

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	<p>transportation to the hospital. Sometime after [client A] left the group home and before she arrived at the hospital [client A] hit her second toe on her left foot in transport. There is no report from the paramedic as to specifically what she hit her toe on but it is suspected that the transport gurney bed rails were involved per hospital staff. The paramedics immediately reported the injury to the hospital staff and at least 6 stitches were needed to close the wound. No staff were suspended and no internal investigation can be completed as she was not in The Arc NWI (Northwest Indiana) care at the time of the injury. It was previously reported the [client A] was being transported for shortness of breath, this was the primary focus of medical staff, and additional documentation of this injury is not available for review but no abuse is suspected based on the reporting from Paramedics and the care she received while in the ER."</p> <p>A review of client A's record was conducted at the facility's administrative office on 2/28/13 at 12:15 P.M.. Review of client A's medical record indicated the following:</p> <p>Nursing notation dated 1/28/13: "While doing a body check it was found that [client A] had a deep cut on her foot that</p>		<p>and document review of findings. Area Managers will review DSP training records to ensure they have been training at least annually and document review of findings. All new Service Coordinators and DSPs will be trained on reporting and investigation requirements for Abuse Neglect (including the neglect of medical care), Exploitation and injuries of unknown origin prior to working a home or with a client. In addition, the Service Coordinators will be present in their homes at least two times per month to ensure protection of clients, address concerns, monitor activities, etc. Documentation of visits will be completed and will include specifics to the client as well as the visit. The Behavioral health Director will review progress notes regularly.</p>				

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	<p>had possibly occurred during ambulance transport. Six stitches were required to close the wound. Investigation initiated."</p> <p>A second request for any Internal incident/accident reports, BDDS reports and investigations for this group home was made on 2/27/13 at 3:00 P.M.. The Service Coordinator (SC) stated "That's everything. There were no investigations for this group home."</p> <p>A third request for any investigation records was made on 3/1/13 at 11:15 A.M.. No investigation records were submitted for review.</p> <p>An interview with the Service Coordinator (SC) was conducted on 3/1/13 at 11:45 A.M.. The SC stated "There wasn't an investigation done because it happened on the ambulance and was found at the hospital." When asked if the facility knew when and how the injury occurred, the SC stated "It happened some time between when the ambulance picked her up and getting to the hospital. We believe her foot got caught in the side rails." When asked if there was documentation available for review to indicate she had conducted a thorough investigation of the incident, the SC indicated she did not have written documentation to indicate she conducted</p>						

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	<p>an investigation because the incident occurred at the day program. The SC indicated no information was available for review to determine the place of origin where the unknown injury occurred.</p> <p>2. A review of the facility's records was conducted at the facility's administrative office on 2/27/13 at 2:15 P.M.. Review of the facility's internal Incident/Accident reports and Bureau of Developmental Disability Services (BDDS) reports indicated:</p> <p>-Internal incident/accident report dated 1/3/13 at 6:30 A.M.: "Received a call from group home staff that the consumer's blood pressure was low. I informed staff to with hold her B/P (blood pressure) medications until she gets to the workshop. I ask (sic) Health and Safety Tech to recheck her B/P. Blood pressure was rechecked by the Health /Safety Tech. Consumer blood pressure was low. Ambulance was called to transport her to [Name of Hospital] (Hospital initials) for evaluation and treatment. What measure(s) do you think could prevent reoccurrence of this Incident/Accident? Staff need (sic) to follow instructions and pay close attention to what they are doing. Give medication in he way they should be done. Part B-Action Taken: Consumer was sent to the ER (Emergency Room) @</p>						

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	<p>[Hospital Name] for evaluation and treatment. Further review of the report neglected to indicate a licensed medical staff checked client A's blood pressure and further neglected to indicate what client A's blood pressure readings were. The report did not indicate whether or not the facility staff had administered client A's morning medications for blood pressure.</p> <p>-Internal incident/accident report dated 1/3/13 at 9:40 A.M.: "Health Safety tech received a call from the Nurse stating an ambulance will be coming to take (client A) to the hospital. Got [client A] ready to go to hospital."</p> <p>A review of client A's record was conducted at the facility's administrative office on 2/28/13 at 12:15 P.M.. Review of client A's medical record indicated the following:</p> <p>-Nursing notation dated 9/26/12: "Consumer has had a cough off and on for approximately a month will refer her to see the doctor ASAP (As Soon As Possible).</p> <p>-Nursing notation dated 1/3/13: "Received a phone call from group home on 1/2/13 DSP (Direct Support Professional) stated that consumers B/P</p>						

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	<p>had been low and they had client to relax and B/P was retaken and they gave her blood pressure medications. I advised staff to monitor client during the night for any adverse affects. Call me in the morning. Check B/P (Blood Pressure) before giving her medication." No documentation was available for review to indicate what client A's B/P readings were. No documentation was available for review to indicate the facility's licensed nursing staff assessed client A on 1/2/13 after staff notified them of her health status.</p> <p>-Nursing notation dated 1/3/13: "Received a phone call from group home DSP stated her (client A)'s B/P was 85/82 Pulse 53. I advised staff to not give her B/P medications and to bring her blood pressure medication Metoprolol 50 mg (milligram) to the workshop with her and give it to the H and S Tech. While at the workshop her B/P was left arm 69/33 and right arm 78/42. I called for [Name of Hospital] Ambulance to transport client to the ER-[Name of Hospital] for evaluation and treatment. Ambulance arrived at the [Day Program name] to transport client to the ER." No documentation was available for review to indicate the facility's licensed nursing staff assessed client A for her health status.</p>						

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	<p>-Nursing notation dated 1/23/13: "[Client A] was discharged from the hospital today...Upon receiving a post hospital assessment it was found that [client A] has 3 areas of concern on her body. A decube (an open sore on the skin) on her left buttock, a small open area on her left chest and a small area of concern between her toes. [Client A] will be seen at the wound clinic on 1/29/13 to address all wounds. [Client A] also came home with a pacemaker/defibrillator. A machine was sent to the house to be placed by her bed which will monitor her from midnight until 6 A.M.-7 days a week. [Client A] is still a bit weak from being in the hospital and will require staff to assist her with transports until she is steady on her feet. [Client A] will remain home until after she is seen at the wound clinic on 1/29/13." There was no documentation in the record to indicate the facility's nursing staff developed risk plans to address client A's documented health concerns in regard to skin breakdown, recording of blood pressure readings, to completed skin assessments/body checks, and to reposition client A.</p> <p>A request to interview the facility's nursing staff and Registered Nurse (RN) was made on 3/1/13 at 12:15 P.M.. The facility's administrator indicated there was no nursing staff available for interview.</p>						

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	<p>A request for telephone contact information was made but none was given. The Administrator (non licensed medical staff) stated "I can answer any questions you have." When asked why client A had to wait on 1/2/13 (when the group home staff called to report client A's low blood pressure), and again on 1/3/13 from 6:30am (when the group home called to report client A's low blood pressure a second time) until 9:40am, after client A arrived at workshop to have an ambulance called to transport her to the hospital, the Administrator indicated the agency nurse called for an ambulance for client A's transportation to the hospital. No additional information was provided. When asked if the facility's nursing services were meeting the identified health care needs of client A in regard to overseeing and monitoring her health care, assessing client A's skin breakdown, developing risk plans, ensuring the facility staff recorded blood pressure readings, completed skin assessments/body checks, and repositioning charting for client A, the Administrator did not respond to the question.</p> <p>On 3/15/13 at 5:18pm, an interview with the Behavior Healthcare Director (BHCD) was conducted. The BHCD indicated the agency was working to resolve client A's</p>						

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	<p>lack of healthcare oversight for client A's health care needs. The BHCD indicated client A did not have documented monitoring of her health care status, assessment for skin breakdown, risk plans developed, documented blood pressure readings, completed skin assessments/body checks, and development of a repositioning schedule for client A.</p> <p>A review of the facility's "Policy for Handling Cases of Neglect and Abuse" dated 12/20/06 was completed at the facility's administrative office on 2/28/13 at 7:30 P.M., and indicated: "In order to protect the general welfare of the clients, ARC Northwest Indiana has in effect the following policy with regard to abuse, neglect or exploitation of clients by agency staff...prohibits all abuse, neglect and exploitation of our clients...Staff will immediately report any allegations of abuse, neglect or exploitation of our clients per agency reporting procedure...Neglect is defined as knowingly placing a client in a situation that poses a threat to his/her health and well being...Examples include, but are not limited to, depriving a client of food, clothing, shelter or medical care."</p> <p>On 2/27/13 at 2:30pm, a review was completed of the "Bureau of</p>						

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	<p>Developmental Disability Services Policy and Guidelines," dated 10/05. The BDDS policy indicated "Neglect, the failure to supply an individual's nutritional, emotional, physical, or health needs although sources of such support are available and offered and such failure results in physical or psychological harm to the individual."</p> <p>9-3-2(a)</p>						

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W000154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview, the facility failed for 1 of 1 injury of unknown origin, involving 1 of 3 sampled clients (client A), to provide evidence a thorough investigation was completed.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted at the facility's administrative office on 2/27/13 at 2:15 P.M.. Review of the facility's internal Incident/Accident reports and Bureau of Developmental Disability Services (BDDS) reports indicated:</p> <p>BDDS report dated 1/27/13...Date of Knowledge: 1/27/13...Submitted Date: 1/29/13 indicated: "During hospital transport to [Hospital #2 name], [client A]'s foot was cut. Plan to Resolve: [Client A] required at least 6 stitches on her left toe. [Client A] is currently in the hospital. While visiting the hospital for follow up on [client A]'s wound care, [Hospital #2]'s Nursing staff indicated that [client A] sustained an injury during transportation to the hospital. Sometime after [client A] left the group home and before she arrived at the hospital [client</p>		W000154	<p>The Behavior Health Director will review reporting and investigation requirements for Abuse Neglect (including the neglect of medical care), Exploitation and injuries of unknown origin of clients with the Service Coordinator and DSPs that are involved with 53 th Ave by 4/14/13. In order to identify other areas of concern all other Coordinators will be trained on reporting and investigation requirements for Abuse Neglect, and Exploitation. In order to prevent reoccurrences posters explaining client rights and reporting requirement will be made and distributed to all group homes and the day program so that staff and clients become more aware of the requirements on an ongoing basis. Additionally all staff will be trained on reporting and investigation requirements for Abuse Neglect, and Exploitation at least annually unless changes occur or need requires this to be done more frequently. To ensure that Service Coordinators are trained on reporting and investigation requirements for Abuse Neglect (including the neglect of medical care), Exploitation and injuries of unknown origin the Behavioral Health Director will review their training records at least annually</p>		04/14/2013	

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	<p>A] hit her second toe on her left foot in transport. There is no report from the paramedic as to specifically what she hit her toe on but it is suspected that the transport gurney bed rails were involved per hospital staff. The paramedics immediately reported the injury to the hospital staff and at least 6 stitches were needed to close the wound. No staff were suspended and no internal investigation can be completed as she was not in The Arc NWI (Northwest Indiana) care at the time of the injury. It was previously reported the [client A] was being transported for shortness of breath, this was the primary focus of medical staff, and additional documentation of this injury is not available for review but no abuse is suspected based on the reporting from Paramedics and the care she received while in the ER."</p> <p>A review of client A's record was conducted at the facility's administrative office on 2/28/13 at 12:15 P.M.. Review of client A's medical record indicated the following:</p> <p>Nursing notation dated 1/28/13: "While doing a body check it was found that [client A] had a deep cut on her foot that had possibly occurred during ambulance transport. Six stitches were required to close the wound. Investigation initiated."</p>		<p>and document review of findings. Area Managers will review DSP training records to ensure they have been training at least annually and document review of findings. All new Service Coordinators and DSPs will be trained on reporting and investigation requirements for Abuse Neglect (including the neglect of medical care), Exploitation and injuries of unknown origin prior to working a home or with a client. In addition, the Service Coordinators will be present in their homes at least two times per month to ensure protection of clients, address concerns, monitor activities, etc. Documentation of visits will be completed and will include specifics to the client as well as the visit. The Behavioral health Director will review progress notes regularly.</p>				

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	<p>A second request for any Internal incident/accident reports, BDDS reports and investigations for this group home was made on 2/27/13 at 3:00 P.M.. The Service Coordinator (SC) stated "That's everything. There were no investigations for this group home."</p> <p>A third request for any investigation records was made on 3/1/13 at 11:15 A.M.. No investigation records were submitted for review.</p> <p>An interview with the Service Coordinator (SC) was conducted on 3/1/13 at 11:45 A.M.. When asked if there was documentation available for review to indicate she had conducted a thorough investigation of the incident, the SC indicated she did not have written documentation to indicate she conducted an investigation because the incident occurred at the day program. The SC indicated no information was available for review to determine the place of origin where the unknown injury occurred.</p> <p>9-3-2(a)</p>						

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W000217	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include nutritional status. Based on observation, record review, and interview, the facility failed to assess the dietary needs for 1 of 3 sampled clients (client A).</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 2/27/13 from 4:45 P.M. until 6:30 P.M.. During the entire observation period client A lay in her bed. Client A did not eat or drink anything.</p> <p>A review of client A's group home record was conducted on 2/27/13 at 5:35 P.M.. Review of the record did not indicate an intake/output chart. There was no documentation available for review to indicate the facility documented food and fluid intake and output for client A.</p> <p>An interview with Direct Support Professional (DSP) #2 was conducted on 2/27/13 at 6:20 P.M.. DSP #2 stated client A "appears to have lost a lot of weight because sometimes she won't eat." When asked if staff charted her food/liquid intake and output, DSPs #1 and #2 indicated they did not.</p> <p>A review of client A's record was</p>	W000217	<p>This client was receiving hospice care. Hospice was keeping all documentation of this client's medical care. The Hospice provider agency stated they did not document any intake/output records for this client as it was not practical due to terminal illness.</p> <p>The IDT will review Nutritional, health, developmental and other assessments as they are received or at least annually to compare them to Client goals and risk plans to ensure that all areas of need are being addressed. The Behavior health director or designee will perform a random audit of client files at least quarterly to ensure that emerging client needs are being addressed by the team.</p>		04/14/2013		

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	<p>conducted at the facility's administrative office on 2/28/13 at 12:15 P.M.. Review of client A's "Nutritional Assessment" dated 4/20/12 indicated she was on a Low Cholesterol weight reduction diet. The assessment indicated her weight was 146 pounds. Review of client A's hospital discharge record dated 12/21/12 indicated: "Filed: 12/13/12...Diagnoses: Hyperparathyroidism, Hypercalcemia, Weight loss, Aortic stenosis, Atrial fibrillation chronic, Cavitory lesion of lung, Adenocarcinoma of lung, stage 1...Current Diet Prescribed: Cardiac, Ground, Ensure Complete BID (twice daily)...Weight: 50 kg (kilograms) (110 pounds). Further review of client A's record did not indicate a more current "Nutritional Assessment" after client A's weight loss.</p> <p>An interview with the Service Coordinator (SC) was conducted at the facility's administrative office on 3/1/13 at 11:45 A.M.. When asked if client A was assessed to address her weight and body mass loss, the SC stated "No." The SC further indicated there was no intake/output chart in place for client A. The SC further indicated the 4/20/12 "Nutritional Assessment" was the most current assessment available to staff. No nursing staff was available for interview.</p>						

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W000227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on observation, interview and record review for 1 of 3 sampled clients (client C), the facility failed to follow a professional recommendation for client C's prescribed hearing aids and failed to address client C's identified communication need.</p> <p>Findings include:</p> <p>On 2/27/13 from 4:05pm until 6:15pm, client C was observed at the group home with Group Home Staff (GHS) #1, #2, and #3 and client C did not wear prescribed hearing aids. Client C sat in the dining room, sat in the living room, and walked throughout the group home independently without activity. Each time GHS #1, GHS #2, and GHS #3 wanted to talk to client C the staff members walked to client C and took client C by the hand to the room the staff wanted client C to sit in. Client C sat, smiled at the speaker each time, and did not communicate with staff.</p> <p>Client C's record was reviewed 3/1/13 at 11:20am. Client C's 7/23/12 ISP</p>	W000227	<p>This client had and audio logical evaluation on 3/11/13 an ABR is scheduled for 4/29/13. If needed an appointment for a fitting will occur by 5/31/13 have If in fact hearing aids are still a recommendation, a goal will be put in place to desensitize client to wearing them. The IDT will review Audio logical, Nutritional, health, developmental and other assessments as they are received or at least annually to compare them to Client goals and risk plans to ensure that all areas of need are being addressed. The Behavior health director or designee will perform a random audit of client files at least quarterly to ensure that emerging client needs are being addressed by the team.</p>	04/14/2013			

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	(Individual Support Plan) did not indicate a communication objective. Client C's 7/23/12 ISP indicated "Hearing Difficulties. Audiologist 6/23/06 (2006) audio notes-Has tried many forms of amplification, is unable to consistently wear amplification, all forms tried with no success, unable to wear amplification, still able to communicate with one to one conversation without amplification, is able to communicate with staff and workshop, is given verbal cues, and understands task, IDT (Interdisciplinary Team) 2/11/09 (2009) discussed agreed (sic) staff to be aware and communicate to nurse any further decline." Client C's 8/5/2011 letter from the hearing clinic indicated client C "was seen on 8/4/2011 for audiometric testing. Results of that evaluation...(The) report indicated [client C] had utilized hearing aids in both ears in the past. Her most recent set of hearing aids was acquired from the clinic in 2006...." Client C's 8/4/11 auditory evaluation indicated "...suspect mild sloping to severe SNHL (hearing) in at least 1 (one) ear...Recommendation:...discussed hearing aid candidacy with Service Coordinator." Client C's 1/24/13 "Physician's Order" indicated "hearing aid, on in the morning, check placement at 5pm, remove & store in an unlocked area at HS (night). Change Hearing Aid						

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	<p>Battery every week on Sunday."</p> <p>On 3/1/13 at 12:15pm, an interview with the SC was conducted. The SC indicated client C did not wear hearing aids and did not have hearing aids available to wear. The SC indicated she was unaware of the 8/2011 recommendation made by the audiologist and was unaware of client C's physician's order to wear hearing aids. The SC indicated client C did not have a goal/objective for her lack of prescribed hearing aids.</p> <p>9-3-4(a)</p>						

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W000248	<p>483.440(c)(7) INDIVIDUAL PROGRAM PLAN</p> <p>A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on observation, record review, and interview, the facility failed for 2 of 3 sampled clients (clients B and C) by not ensuring the clients' ISPs (Individual Support Plan) and Behavior Support Plans (BSP) were available at the group home.</p> <p>Findings include:</p> <p>On 2/27/13 from 4:05 P.M. until 6:15 P.M. observation and interviews were conducted at the group home. At 5pm, Group Home Staff (GHS) #2 indicated client B and C's ISPs (Individual Support Plans) and BSPs (Behavior Support Plans) were not available in the group home for staff to reference. From 4:05pm until 6:15pm, client C sat with GHS #1, #2, and #3. Client C sat in the dining room, sat in the living room, and walked throughout the group home independently without activity. Each time GHS #1, GHS #2, and GHS #3 wanted to talk to client C the staff members walked to client C and took client C by the hand to the room the staff wanted client C to sit in. Client C sat, smiled at the speaker</p>			W000248	<p>ISPs and BSPs will be sent out to the group home by 4/14/13. The Service Coordinator will audit all group home files and will ensure that Day program files, and family/guardians have necessary documentation is available to all relevant staff, families and day program. To ensure future compliance, the Service Coordinator and Individual Program Coordinator will work together to ensure that all group homes have the documentation necessary to be informed of each clients' needs.</p>		04/14/2013

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	<p>each time, and did not communicate with staff.</p> <p>An interview with the Service Coordinator (SC) was conducted on 3/1/13 at 11:45 A.M.. The SC indicated client B's ISP was not available at the group home for staff to reference.</p> <p>Client B's record was reviewed at the agency on 2/28/13 at 12noon. Client B's 7/19/12 ISP (Individual Support Plan) indicated goals/objectives to wear her prescribed eye glasses, make a purchase, exercise 20 minutes, complete her personal hygiene, make change from \$2.00, straighten her bureau, prepare simple item for cooking, and learn the six rights for medication administration. Client B's record indicated she had a behavior support plan and no plan was available for review.</p> <p>On 3/1/13 at 11:10am, an interview with the Service Coordinator (SC) was conducted. The SC indicated client B had an ISP and BSP and neither were at the group home available for staff to use on 2/27/13.</p> <p>Client C's record was reviewed 3/1/13 at 11:20am. Client C's 7/23/12 ISP (Individual Support Plan) indicated goals/objectives to identify a penny and</p>						

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	<p>quarter, to choose a healthy snack, to identify her medication by name and type, to set the water temperature for comfort level, to dry herself after bathing, and to brush her teeth.</p> <p>On 3/1/13 at 12:15pm, an interview with the SC was conducted. The SC indicated client C's 7/23/12 ISP was not available at the group home for staff to reference.</p> <p>9-3-4(a)</p>						

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W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, for 2 of 3 sampled clients (clients B and C), the facility failed to implement client B and C's goals/objectives when opportunities existed.</p> <p>Findings include:</p> <p>On 2/27/13 from 4:05 P.M. until 6:15 P.M. observation and interviews were conducted at the group home. Client B walked throughout the group home, kitchen, living room, bedrooms, and laundry room. From 4:05pm until 6:15pm, client C sat with Group Home Staff (GHS) #1, #2, and #3 and client C did not wear prescribed hearing aids. Client C sat in the dining room, sat in the living room, and walked throughout the group home independently without activity. Each time GHS #1, GHS #2, and GHS #3 wanted to talk to client C the staff members walked to client C and took client C by the hand to the room the staff wanted client C to sit in. Client C</p>	W000249	<p>The Service Coordinator will retrain DSPs on implementation of objectives for all consumers at 53 rd and active treatment. Training will also be document by 4/14/13. To ensure future compliance, the Service Coordinator will observe implementation of the program objectives weekly for three consecutive months and bimonthly thereafter. The Behavior Health Director will meet with the Service Coordinator be weekly to discuss any concerns with program implementation or staff training.</p>		04/14/2013		

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	<p>sat, smiled at the speaker each time, and did not communicate with staff. At 5:12pm, client B gathered her laundry in her bedroom, carried the dirty laundry to the washer, put the laundry inside, and client B called for GHS #1. At 5:30pm, GHS #1 walked to the laundry room, client B placed a shirt into the washer, GHS #1 measured the soap, and GHS #1 placed the soap into the washer. GHS #1 stated clients "were not allowed" to use the washer because it was "new." At 5:30pm, client B walked to the kitchen without washing her hands and was prompted by GHS #2 to set the table. At 5:42pm, GHS #2 administered client B's Beneprotein Power. GHS #2 scooped the medication from its container, mixed the medication with water, and client B drank the mixture. Client B did not name the medication. From 6:00pm until 6:15pm, client B stood to serve herself foods from the plates and containers off the table for supper. Client C was not prompted for activity during the entire observation.</p> <p>Client B's record was reviewed at the agency on 2/28/13 at 12noon. Client B's 7/19/12 ISP (Individual Support Plan) indicated goals/objectives to wear her prescribed eye glasses, make a purchase, exercise 20 minutes, complete her personal hygiene, make change from \$2.00, straighten her bureau, prepare</p>						

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	<p>simple item for cooking, and learn the six rights for medication administration. Client B's record indicated she had a behavior support plan and no plan was available for review.</p> <p>Client C's record was reviewed 3/1/13 at 11:20am. Client C's 7/23/12 ISP (Individual Support Plan) indicated goals/objectives to identify a penny and quarter, to choose a healthy snack, to identify her medication by name and type, to set the water temperature for comfort level, to dry herself after bathing, and to brush her teeth.</p> <p>On 3/1/13 at 12:15pm, an interview with the SC was conducted. The SC indicated clients B and C should have been prompted for active treatment and ISP goals/objectives should have been implemented when opportunities existed.</p> <p>9-3-4(a)</p>						

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W000318	<p>483.460 HEALTH CARE SERVICES The facility must ensure that specific health care services requirements are met. Based on record review and interview, the Condition of Participation: Health Care Services, was not met as the facility failed to provide health care monitoring and oversight of nursing services for 3 of 3 sampled clients (clients A, B, and C) and two additional clients (clients D and E).</p> <p>Findings include:</p> <p>Please refer to W331. The facility's nursing services failed to meet client A's healthcare needs in regard to monitoring the client A's health needs, assessing client A's skin breakdown, developing a risk plan specific to meet the health care need of client A, ensuring the facility staff recorded blood pressure readings, completed skin assessments/body checks, and repositioning charting for client A. The facility's nursing services failed to ensure staff were trained to provide care/treatment of client A and B's healthcare needs.</p> <p>Please refer to W336. The facility's failed to conduct quarterly nursing assessments of client B and C's health status and medical needs for 2 of 3 sampled clients (clients B and C).</p>		W000318	CONDITION- Please refer to tags W331, W336, W342, W 344, W346, 382, W391		04/14/2013	

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	<p>Please refer to W342. The facility's nursing services failed to ensure staff were trained in regard to documenting blood pressure readings on the Medication Administration Record (MAR) and to ensure staff were trained in regard to documentation of the client's daily notes and/or body/repositioning checks, and to ensure facility staff were trained/retrained to provide care for skin breakdown for 2 of 3 sampled clients (clients A and B).</p> <p>Please refer to W344. The facility's nursing services failed for 5 of 5 clients residing at the home (clients A, B, C, D, and E), to have Licensed Nursing staff to care for clients' health needs from 2/13/13 until 2/19/13.</p> <p>Please refer to W346. The facility's nursing services failed to ensure a registered nurse was available to consult and/or oversee licensed practical nurses to ensure nursing staff met the health care needs of the clients for 5 of 5 clients residing at the group home (clients A, B, C, D and E).</p> <p>Please refer to W382. The facility failed to ensure the client's medications were kept locked when not being readied for administration for 1 of 3 sampled clients (client A).</p>						

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	<p>Please refer to W391. The facility failed for 1 of 3 sampled clients (client A), to have wound care medications labeled.</p> <p>9-3-6(a)</p>						

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W000331	<p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observation, interview, and record review, for 2 of 3 sampled clients (clients A and B), the facility's nursing services failed to meet the needs of the clients in regard to monitoring each client's health needs, assessing client A's skin breakdown, developing a risk plan specific to meet the health care needs of client A, ensuring the facility staff recorded blood pressure readings, completed skin assessments/body checks, and repositioning charting for client A. The facility's nursing services failed to ensure staff were trained to provide care/treatment of client A and B's healthcare needs.</p> <p>Findings include:</p> <p>1. On 2/27/13 from 4:05pm until 6:15pm, client A was laying in her hospital bed, and required staff assistance from Group Home Staff (GHS) #1, GHS #2, and GHS #3 to move in bed. Client A was non verbal.</p> <p>A review of the facility's records was conducted at the facility's administrative office on 2/27/13 at 2:15 P.M.. Review of the facility's internal Incident/Accident reports and Bureau of Developmental</p>	W000331	Please see W 102, W 104, and W 217		04/14/2013		

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	<p>Disability Services (BDDS) reports indicated for client A:</p> <p>-Internal incident/accident report dated 1/3/13 at 6:30 A.M.: "Received a call from group home staff that the consumer's blood pressure was low. I informed staff to with hold her B/P (blood pressure) medications until she gets to the workshop. I ask (sic) Health and Safety Tech to recheck her B/P. Blood pressure was rechecked by the Health /Safety Tech. Consumer blood pressure was low. Ambulance was called to transport her to [Name of Hospital] for evaluation and treatment. What measure(s) do you think could prevent reoccurrence of this Incident/Accident? Staff need (sic) to follow instructions and pay close attention to what they are doing. Give medication in he way they should be done. Part B-Action Taken: Consumer was sent to the ER (Emergency Room) @ [Name of Hospital] for evaluation and treatment. Further review of the report failed to indicate a licensed medical staff checked client A's blood pressure and what client A's blood pressure readings were.</p> <p>-Internal incident/accident report dated 1/3/13 at 9:40 A.M.: "Health Safety tech received a call from the Nurse stating an ambulance will be coming to take (client A) to the hospital. Got [client A] ready to</p>						

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	<p>go to hospital." There was no documentation available for review to indicate the facility's licensed medical staff physically assessed client A.</p> <p>-BDDS report dated 1/27/13...Date of Knowledge: 1/27/13...Submitted Date: 1/29/13 indicated: "During hospital transport to [Hospital #2 name], [client A]'s foot was cut. Plan to Resolve: [Client A] required at least 6 stitches on her left toe. [Client A] is currently in the hospital. While visiting the hospital for follow up on [client A]'s wound care, [Hospital #2]'s Nursing staff indicated that [client A] sustained an injury during transportation to the hospital. Sometime after [client A] left the group home and before she arrived at the hospital [client A] hit her second toe on her left foot in transport. There is no report from the paramedic as to specifically what she hit her toe on but it is suspected that the transport gurney bed rails were involved per hospital staff. The paramedics immediately reported the injury to the hospital staff and at least 6 stitches were needed to close the wound. No staff were suspended and no internal investigation can be completed as she was not in The Arc NWI (Northwest Indiana) care at the time of the injury. It was previously reported the [client A] was being transported for shortness of breath, this</p>						

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	<p>was the primary focus of medical staff, and additional documentation of this injury is not available for review but no abuse is suspected based on the reporting from Paramedics and the care she received while in the ER." No follow up information was available for review.</p> <p>A review of client A's record was conducted at the facility's administrative office on 2/28/13 at 12:15 P.M.. Review of client A's medical record indicated the following:</p> <p>-Nursing notation dated 4/30/12: "Patient says her lower denture was lost. In order to get Medicaid approved for a new denture, we need to know circumstances resulting in the loss." This notation was signed by one of the facility's Licensed Practical Nurses (LPN). There was no documentation to indicate client A's lower dentures were replaced.</p> <p>-Nursing notation dated 9/26/12: "Consumer has had a cough off and on for approximately a month will refer her to see the doctor ASAP (As Soon As Possible). There was no documentation in the record to indicate client A went to the doctor prior to 10/12/12.</p> <p>-Client A's lab levels date of collection 10/24/12 and results faxed to the facility on 10/26/12 indicated: "Creatine...Out of</p>						

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	<p>Range 1.17...Reference Range 0.60-0.93 mg (milligrams)...For patients >49 years of age, the reference limit for Creatine is approximately 13% higher for people identified as African-American...Calcium...Out of Range 11.3...Reference Range 8.6-10.4...Parathyroid Hormone...Out of Range 88...Reference Range 10-65."</p> <p>There was no documentation in the record to indicate if the facility's nursing services contacted the doctor and sought medical attention for client A in regards to her high levels until after 10/31/12.</p> <p>-Nursing notation dated 10/31/12: "Consumer will be admitted to [Name of Hospital] for Hypercalcemia (high calcium levels in the blood) on a Telemetry unit (monitoring) per [Doctor's name] orders...ER visit was canceled per [Doctor's name] orders due to hospital does not have any available beds...Consumer's lab levels are elevated. Doctor aware. Creatine 1.17, Calcium 11.3, Parathyroid Hormones 88."</p> <p>-Nursing notation dated 11/2/12: "Consumer is admitted to [Name of Hospital] campus on telemetry unit due to history of Hypercalcemia."</p> <p>-Nursing notation dated 11/15/12: "Consumer was placed in TB</p>						

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	<p>(Tuberculosis) isolation until further test. A Diagnosis of Pneumonia was noted as to why consumer's surgery was canceled on 11/8/12 after she was placed on the surgery table her oxygen level dropped she will be seen by a Pulmonary specialist...."</p> <p>-Nursing notation dated 11/23/12: "...She remains on IVABT's (Intravenous antibiotics) and in TB isolation."</p> <p>-Nursing notation dated 11/26/12: "...She remains in TB isolation."</p> <p>-Client A's hospital discharge summary dated 12/21/12 indicated: "Start taking these medications-Isoniazid 300 mg...Take 1 tablet by mouth daily." Review of Isoniazid indicated it is an antibiotic used to keep tuberculosis bacteria from multiplying. Further review of client A's record did not indicate if client A had active TB or a history of TB or as to why she was isolated on the TB unit and was discharged on TB medication.</p> <p>-Nursing notation dated 11/29/12: "...Lung biopsy noted to show that she (client A) has Adenocarcinoma (lung cancer)...."</p> <p>-Nursing notation dated 1/3/13:</p>						

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	<p>"Received a phone call from group home on 1/2/13 DSP (Direct Support Professional) stated that consumers B/P had been low and they had client to relax and B/P was retaken and they gave her blood pressure medications. I advised staff to monitor client during the night for any adverse affects. Call me in the morning. Check B/P before giving her medication." No documentation was available for review to indicate what client A's B/P reading was. No documentation was available for review to indicate medical attention or a physical assessment by a licensed medical staff was given to client A in regards to her low BP reading.</p> <p>-Nursing notation dated 1/3/13: "Received a phone call from group home DSP stated her (client A)'s B/P was 85/82 Pulse 53. I advised staff to not give her B/P medications and to bring her blood pressure medication Metoprolol 50 mg (milligram) to the workshop with her and give it to the H and S Tech. While at the workshop her B/P was left arm 69/33 and right arm 78/42. I called for ...Ambulance to transport client to the ER-[Name of Hospital] for evaluation and treatment. Ambulance arrived at the [Day Program name] to transport client to the ER."</p> <p>-Nursing notation dated 1/3/13:</p>						

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	<p>"Consumer was admitted to the ICU (Intensive Care Unit) at [Name of Hospital] diagnosis of Hypotension, A-Fib and Acute Renal Failure."</p> <p>-Nursing notation dated 1/11/13: "Consumer had the pacemaker/defibrillator placed today." There was no documentation in the record to indicate the facility's nursing staff developed health care risk plans for client A's pacemaker.</p> <p>-Nursing notation dated 1/15/13: "[Client A] will be transferred to the [Name of Hospital Unit] for her chemotherapy treatment on 1/16/13." Review of the record failed to indicate risk plans and/or assessments were completed for client A in regard to her chemotherapy treatments.</p> <p>-Nursing notation dated 1/23/13: "[Client A] was discharged from the hospital today...Upon receiving a post hospital assessment it was found that [client A] has 3 areas of concern on her body. A decube [an open sore on her body] on her left buttock, a small open area on her left chest and a small area of concern between her toes. Hospital did not report to the ARC. [Client A] will be seen at the wound clinic on 1/29/13 to address all wounds. [Client A] also came home with a pacemaker/defibrillator. A machine</p>						

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	<p>was sent to the house to be placed by her bed which will monitor her from midnight until 6 A.M.-7 days a week. [Client A] is still a bit weak from being in the hospital and will require staff to assist her with transports until she is steady on her feet. [Client A] will remain home until after she is seen at the wound clinic on 1/29/13...Will follow up with doctor regarding physical therapy...received chemotherapy in hospital need to follow up regarding treatments...[RN name] will update risk plans." There was no documentation in the record to indicate the facility's nursing services developed and implemented risk plans to give staff guidance for client A's skin breakdown, her pacemaker, chemotherapy and mobility needs.</p> <p>-Group home daily logs for client A indicated: "Wednesday, 1/23/13: [Client A] was sent home today from the hospital. When she arrived at the group home, it took 3 staff to help her from the car and into her wheelchair. She has been gasping for breath and couldn't seem to check (sic) her breath...Thursday, 1/24/13: ...At 2:30 P.M. staff heard [client A] yell and ran to check on her. She was on the floor next to her bed, when staff asked what happened she stated that she tried to get up to use the bathroom....."</p>						

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	<p>-Nursing notation dated 1/28/13: "Received a call from staff on 1/27/13 that [client A] was having difficulty breathing. They had called 911 and was (sic) waiting for the ambulance to arrive. [Client A] was admitted to [Name of Hospital] for low O2 levels (Oxygen)."</p> <p>-Nursing notation dated 1/28/13: "While doing a body check it was found that [client A] had a deep cut on her foot that had possibly occurred during ambulance transport. Six stitches were required to close the wound. Investigation initiated."</p> <p>-Nursing notation dated 2/8/13: "Heels red-skin intact-There is some maceration under toes right foot Bacitracin ordered-covering with dry gauze-foam booties in place." There was no further documentation in client A's medical record after this notation from the facility's nursing services regarding the client's skin on her heels.</p> <p>Further review of client A's record failed to indicate the facility's nursing staff developed and implemented medical risk plans to address client A's health care needs in regards to skin break down, hypo/hypertension, breathing difficulties, her pacemaker/defibrillator, her diagnosis of cancer, chemotherapy treatments, hypercalcemia, and how staff were to</p>						

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	<p>assist client A on her mobility needs.</p> <p>A request for training records for all staff who worked with client A at the group home in regards to her mobility needs and health concerns was made on 2/28/13 at 12:30 P.M.. No training records were submitted for review to indicate the facility's nursing services provided all staff who worked with client A at the group home with training to assist in providing services to address her health care needs.</p> <p>A second request for training records for all staff who worked with client A at the group home in regards to her mobility needs and health concerns was made on 3/1/13 at 11:15 A.M.. No training records were submitted for review to indicate the facility's nursing services provided all staff who worked with client A at the group home with training to assist in providing services to address her health care needs.</p> <p>An interview with the facility's administrator was conducted on 3/1/12 at 12:15 P.M.. A request to interview was made. The administrator stated "I can answer any questions you have." When asked if client A had a history of TB or had active TB, the administrator stated "I don't know. I will have to check." The</p>						

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	<p>administrator left and returned and stated "I'm not sure." No nurse was available for interview.</p> <p>2. On 2/27/13 from 4:05 P.M. until 6:15 P.M. observation and interviews were conducted at the group home. Client B walked throughout the group home, kitchen, living room, bedrooms, and laundry room favoring her right shoulder. At 5:12pm, client B gathered her laundry in her bedroom, carried the dirty laundry to the washer, put the laundry inside, and client B called for GHS #1. At 5:25pm, client B indicated to GHS #1 she was in pain. At 5:25pm, GHS #1 asked client B to rate her pain "on a scale of 1 to 10 and 10 being the greatest." Client B responded an "11." Client B indicated her pain was on her right top shoulder. At 5:42pm, GHS #2 stated "I know she's (client B) in pain now." GHS #2 indicated no documentation "about [client B's] pain" was available for review. At 6pm, client B's MAR (Medication Administration Record) was reviewed and did not indicate client B's pain was documented or recorded.</p> <p>On 2/27/13 from 4:05pm until 6:15pm, client B complained of pain to her right shoulder to Direct Support Professionals #1 and #2 and the surveyors. When DSP #2 was asked if client B had medication</p>						

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	<p>to address her pain, DSP #2 indicated she did but she (DSP #2) would have to call the facility's administrator to make sure she could administer client B's pain medication. When asked if she were going to call the nurse, DSP #2 stated "We don't have contact with the nurse; we call [administrator's name] and she directs us on what to do." At 6:15 P.M., the facility's administrator called back and spoke to DSP #1. Client B did not get her pain medication. When asked if staff documented client B's pain, DSP #1 and DSP #2 indicated they did not because they contacted the Administrator. At 6:15pm, client B's 2/2013 MAR (Medication Administration Record) was reviewed and staff did not make entries to indicate client B had expressed pain.</p> <p>Client B's record was reviewed at the agency on 2/28/13 at 12noon. Client B's 2/15/13 Physician's Progress note indicated "R (Right) Shoulder pain" and ordered a CT (Cat Scan) of client B's right shoulder. Client B's 2/27/13 "Cumulative Medical Record" documentation sheet indicated "CT scan R shoulder done," no results were recorded, and it was signed by the contract LPN (Licensed Practical Nurse). Client B's 1/28/13 "Physician's Order" indicated "Acetaminophen 325mg (milligrams), give 2 tablets (650mg) every 4hrs (four hours) as needed (for)</p>						

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	<p>headache/pain, Aspirin 325mg tablet (for pain), give 1 tablet orally 2 times a day as needed, Ibuprofen 800mg tablet, give 1 tablet orally every 6 hours as needed (for pain)." Client B's 9/24/2009 "Health Risk Plan" indicated "Osteoarthritis, client has potential pain related to Osteoarthritis. Client's pain will be at a tolerable level as evidenced by verbalization or signs of absence of pain...staff will document on MAR pain level and medications and their effectiveness."</p> <p>On 3/1/13 at 11:45am, an interview with the SC (Service Coordinator) was completed. The SC indicated client B's pain should have been recorded on the MAR. The SC indicated client B was seen by the doctor on 2/15/13 because of pain and client B's right shoulder had a CT scan completed on 2/27/13. The SC indicated the results of client B's CT scan were not available for review.</p> <p>9-3-6(a)</p>						

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W000336	<p>483.460(c)(3)(iii) NURSING SERVICES</p> <p>Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. Based on record review and interview for 2 of 3 sampled clients (B and C), the facility's nursing services failed to conduct quarterly nursing assessments of client B and C's health status and medical needs.</p> <p>Findings include:</p> <p>1. Client B's record was reviewed at the agency on 2/28/13 at 12noon. Client B's record indicated "Nursing Quarterly" assessments on 10/17/12, 7/3/12, and 4/12/12. No Nursing Quarterly was available for review after 10/17/12. Client B's 7/19/12 Individual Support Plan (ISP) indicated client B's diagnoses included, but were not limited to, Osteoarthritis knees and Hips, Prader Willi Syndrome, Seizure Disorder, and Anxiety. Client B's 1/28/12 physician orders indicated client B received routine medications.</p> <p>On 3/1/13 at 11:45am, an interview with the SC (Service Coordinator) was completed. The SC indicated no nursing quarterly assessment of client B's</p>	W000336	<p>The Community Service Nurse will complete a Quarterly Nursing Assessment for each client on a quarterly basis 4/10/13. To ensure future compliance, The Service Coordinator will review all Quarterly Nursing Assessments to ensure there is one completed per client per quarter. Nursing manager will be notified each time one is missed.</p>		04/14/2013		

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	<p>healthcare needs was available for review.</p> <p>2. Client C's record was reviewed 3/1/13 at 11:20am. Client C's 7/23/12 ISP (Individual Support Plan) did not indicate client C had a medical care plan. Client C's 7/23/12 ISP client C's diagnoses included, but were not limited to, Severe Mental Retardation, Dermatitis, and Hearing Impairment. Client C's record indicated she received routine medications. Client C's record indicated nursing quarterly assessments on 10/17/12 and 4/12/12. No additional nursing quarterly assessments were available for review.</p> <p>On 3/1/13 at 12:15pm, an interview with the SC was conducted. The SC indicated client C did not have nursing quarterly assessments since 10/17/12.</p> <p>9-3-6(a)</p>						

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W000342	<p>483.460(c)(5)(iii) NURSING SERVICES</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the clients.</p> <p>Based on observation, interview, and record review, for 2 of 3 sampled clients (clients A and B), the facility's nursing services failed to ensure staff were trained in regard to documenting blood pressure readings on the Medication Administration Record (MAR) and to ensure staff were trained in regard to documentation of the client's daily notes and/or body/repositioning checks, and to ensure facility staff were trained/retrained to provide care for skin breakdown.</p> <p>Findings include:</p> <p>1. A review of the facility's records was conducted at the facility's administrative office on 2/27/13 at 2:15 P.M.. Review of the facility's internal Incident/Accident reports and Bureau of Developmental Disability Services (BDDS) reports indicated for client A:</p> <p>- Internal incident/accident report dated 1/3/13 at 6:30 A.M.: "Received a call</p>	W000342	<p>The community services nurse will re-train all staff on how to properly document areas of concern such as Blood pressure reading on the MAR, repositioning sheets, and care for skin break down, bowel and bladder tracking, and any other specific tracking forms needed by 4/14/13. The IDT will review Audio logical, Nutritional, health, developmental and other assessments as they are received or at least annually to compare them to Client goals and risk plans to ensure that all areas of need are being addressed. The Behavior health director or designee will perform a random audit of client files at least quarterly to ensure that emerging client needs are being addressed by the team. To ensure future compliance, the Area manager will refer all new staff to the home to the Community Services Nurse, whom will ensure staff are trained on all medical needs for the home documentation will be</p>		04/14/2013		

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	<p>from group home staff that the consumer's blood pressure was low. I informed staff to with hold her B/P (blood pressure) medications until she gets to the workshop. I ask (sic) Health and Safety Tech to recheck her B/P. Blood pressure was rechecked by the Health /Safety Tech. Consumer blood pressure was low. Ambulance was called to transport her to [Name of Hospital] for evaluation and treatment. What measure(s) do you think could prevent reoccurrence of this Incident/Accident? Staff need (sic) to follow instructions and pay close attention to what they are doing. Give medication in he way they should be done. Part B-Action Taken: Consumer was sent to the ER (Emergency Room) @ [Name of Hospital] for evaluation and treatment." There was no documentation available for review to indicate the facility staff were trained to record client A's blood pressure readings.</p> <p>A review of client A's record was conducted at the facility's administrative office on 2/28/13 at 12:15 P.M.. Review of client A's medical record indicated the following:</p> <p>-A review of client A's lab levels date of collection 10/24/12 and results faxed to the facility on 10/26/12 indicated: "Creatine...Out of Range 1.17...Reference</p>		<p>forwarded to the area manager to assure completion. Software is being developed to track staff training to each location that they work to ensure all are appropriately trained. This software is expected to be fully functional within 6 months. In the interim, Area Mangers will monitor training through paper file audits.</p>				

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	<p>Range 0.60-0.93 mg (milligrams)...For patients >49 years of age, the reference limit for Creatine is approximately 13% higher for people identified as African-American...Calcium...Out of Range 11.3...Reference Range 8.6-10.4...Parathyroid Hormone...Out of Range 88...Reference Range 10-65."</p> <p>There was no documentation in the record to indicate if the facility's nursing services gave guidance or training to staff on symptoms in regards to client A's high lab levels.</p> <p>-Nursing notation dated 10/31/12: "Consumer will be admitted to [Name of Hospital] for Hypercalcemia (high calcium levels in the blood) on a Telemetry unit (monitoring) per [Doctor's name] orders...ER visit was canceled per [Doctor's name] orders due to hospital does not have any available beds...Consumer's lab levels are elevated. Doctor aware. Creatine 1.17, Calcium 11.3, Parathyroid Hormones 88."</p> <p>-Nursing notation dated 11/2/12: "Consumer is admitted to [Name of Hospital] campus on telemetry unit due to history of Hypercalcemia."</p> <p>-Nursing notation dated 11/15/12: "Consumer was placed in TB (Tuberculosis) isolation until further test.</p>						

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	<p>A Diagnosis of Pneumonia was noted as to why consumer's surgery was canceled on 11/8/12 after she was placed on the surgery table her oxygen level dropped she will be seen by a Pulmonary specialist...."</p> <p>-Nursing notation dated 11/23/12: "...She remains on IVABT's (Intravenous antibiotics) and in TB isolation."</p> <p>-Nursing notation dated 11/26/12: "...She remains in TB isolation."</p> <p>Review of client A's hospital discharge summary dated 12/21/12 indicated: "Start taking these medications-Isoniazid 300 mg...Take 1 tablet by mouth daily."</p> <p>Review of Isoniazid indicated it is an antibiotic used to keep tuberculosis bacteria from multiplying. Further review of client A's record did not indicate if client A had active TB or a history of TB as to why she was isolated on the TB unit and was discharged on TB medication. There was no documentation available for review to indicate the facility staff were trained for client A's symptoms regarding high lab levels and medical care by a Licensed Nurse.</p> <p>-Nursing notation dated 11/29/12: "...Lung biopsy noted to show that she (client A) has Adenocarcinoma (lung</p>						

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	<p>cancer)...."</p> <p>-Nursing notation dated 1/3/13: "Received a phone call from group home on 1/2/13 DSP (Direct Support Professional) stated that consumers B/P had been low and they had client to relax and B/P was retaken and they gave her blood pressure medications. I advised staff to monitor client during the night for any adverse affects. Call me in the morning. Check B/P before giving her medication." No documentation was available for review to indicate what client A's B/P reading was. No documented staff training for client A's Blood Pressure was available for review.</p> <p>-Nursing notation dated 1/3/13: "Received a phone call from group home DSP stated her (client A)'s B/P was 85/82 Pulse 53. I advised staff to not give her B/P medications and to bring her blood pressure medication Metoprolol 50 mg (milligram) to the workshop with her and give it to the H and S Tech. While at the workshop her B/P was left arm 69/33 and right arm 78/42. I called for Prompt Ambulance to transport client to the ER- [Name of Hospital] for evaluation and treatment. Ambulance arrived at the [Day Program name] to transport client to the ER."</p>						

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	<p>-Nursing notation dated 1/3/13: "Consumer was admitted to the ICU (Intensive Care Unit) at [Name of Hospital] diagnosis of Hypotension, A-Fib and Acute Renal Failure." No documented staff training for client A's renal failure was available for review.</p> <p>-Nursing notation dated 1/11/13: "Consumer had the pacemaker/defibrillator placed today." No documented staff training for client A's Pacemaker/Defibrillator was available for review.</p> <p>-Nursing notation dated 1/15/13: "[Client A] will be transferred to the [Hospital Unit] for her chemotherapy treatment on 1/16/13." No documented staff training for client A's medical care and monitoring of the side effects of chemotherapy was available for review.</p> <p>-Nursing notation dated 1/23/13: "[Client A] was discharged from the hospital today...Upon receiving a post hospital assessment it was found that [client A] has 3 areas of concern on her body. A decube (an open sore on her body) on her left buttock, a small open area on her left chest and a small area of concern between her toes. Hospital did not report to the ARC. [Client A] will be seen at the wound clinic on 1/29/13 to address all</p>						

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	<p>wounds. [Client A] also came home with a pacemaker/defibrillator. A machine was sent to the house to be placed by her bed which will monitor her from midnight until 6 A.M.-7 days a week. [Client A] is still a bit weak from being in the hospital and will require staff to assist her with transports until she is steady on her feet. [Client A] will remain home until after she is seen at the wound clinic on 1/29/13...Will follow up with doctor regarding physical therapy...received chemo in hospital need to follow up regarding treatments...[RN name] will update risk plans."</p> <p>A review of group home daily logs for client A indicated: "Wednesday, 1/23/13: [Client A] was sent home today from the hospital. When she arrived at the group home, it took 3 staff to help her from the car and into her wheelchair. She has been gasping for breath and couldn't seem to check (sic) her breath...Thursday, 1/24/13: ...At 2:30 P.M. staff heard [client A] yell and ran to check on her. She was on the floor next to her bed, when staff asked what happened she stated that she tried to get up to use the bathroom....."</p> <p>-Nursing notation dated 1/28/13: "Received a call from staff on 1/27/13 that [client A] was having difficulty breathing. They had called 911 and was</p>						

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	<p>waiting for the ambulance to arrive. [Client A] was admitted to [Name of Hospital] for low O2 levels (Oxygen)."</p> <p>A review of client A's record at the group home and an interview were conducted on 2/27/13 at 5:20pm, with the SC/QMRP (Service Coordinator/Qualified Mental Retardation Professional) and Group Home Staff (GHS) #2. The SC/QMRP and GHS #2 both indicated one unidentified group home staff was trained for client A's medical care by the Hospice Nurse after client A returned to the facility. Both staff indicated the one unidentified group home staff who was trained, then trained another staff on client A's medical care. GHS #2 indicated that group home staff then trained other group home staff. GHS #2 indicated no licensed nurse instructed the training for group home staff on client A's medical care. No documented information regarding the staff training was available for review.</p> <p>Further review of client A's record failed to indicate the facility's nursing staff developed and implemented medical risk plans to address client A's health care needs in regards to skin break down, hypo/hypertension, breathing difficulties, her pacemaker/defibrillator, chemotherapy, client A's diagnosis of</p>						

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	<p>hypercalcemia, cancer, and how staff were to assist client A on her mobility needs.</p> <p>A request for training records for all staff who worked with client A at the group home in regards to her mobility needs and health concerns was made on 2/28/13 at 12:30 P.M.. No training records were submitted for review to indicate the facility's nursing services provided all staff who worked with client A at the group home with training to assist in providing services to address her health care needs.</p> <p>A second request for training records for all staff who worked with client A at the group home in regards to her mobility needs and health concerns was made on 3/1/13 at 11:15 A.M.. No training records were submitted for review to indicate the facility's nursing services provided all staff who worked with client A at the group home with training to assist in providing services to address her health care needs.</p> <p>An interview with the Service Coordinator (SC) was conducted on 3/1/13 at 11:45 A.M.. When asked if there was documentation to indicate group home staff were trained to provide care for client A's documented needs, the</p>						

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	<p>SC stated "I'm not sure what the nurses trained the staff on." When asked if a nurse was available for interview, the SC stated "They are out of the building at lunch right now." When asked when nursing staff would be available for interview, the SC stated "You'll have to talk to [Administrator's name] about that." No documentation was submitted for review to indicate group home staff were trained to provide needed services for client A's documented health needs.</p> <p>An interview with the facility's administrator was conducted at the facility's administrative office on 3/1/13 at 12:15 P.M.. When asked if a nurse was available for interview, the administrator stated "No. I can answer any questions you have." When asked when group home staff were provided training to provided services to address client A's health needs, the administrator stated "I'm not sure."</p> <p>2. On 2/27/13 from 4:05 P.M. until 6:15 P.M. observation and interviews were conducted at the group home. Client B walked throughout the group home, kitchen, living room, bedrooms, and laundry room favoring her right shoulder. At 5:12pm, client B gathered her laundry in her bedroom, carried the dirty laundry to the washer, put the laundry inside, and</p>						

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	<p>client B called for GHS #1. At 5:25pm, client B indicated to GHS #1 she was in pain. At 5:25pm, GHS #1 asked client B to rate her pain "on a scale of 1 to 10 and 10 being the greatest." Client B responded an "11." Client B indicated her pain was on her right top shoulder. At 5:42pm, GHS #2 stated "I know she's (client B) in pain now." At 6pm, client B's MAR (Medication Administration Record) was reviewed and did not indicate client B's pain was documented or recorded.</p> <p>On 2/27/13 from 4:05pm until 6:15pm, client B complained of pain to her right shoulder to Direct Support Professionals #1 and #2 and the surveyors. When DSP #2 was asked if client B had medication to address her pain, DSP #2 indicated she did but she (DSP #2) would have to call the facility's administrator to make sure she could administer client B's pain medication. When asked if she were going to call the nurse, DSP #2 stated "We don't have contact with the nurse we call [administrator's name] and she directs us on what to do." At 6:15 P.M., the facility's administrator called back and spoke to DSP #1. Client B did not get her pain medication. At 6pm, client B's 2/2013 MAR did not have documentation of client B's complaints of pain.</p>						

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	<p>Client B's record was reviewed at the agency on 2/28/13 at 12noon. Client B's 2/15/13 Physician's Progress note indicated "R (Right) Shoulder pain" and ordered a CT scan of client B's right shoulder. Client B's 2/27/13 "Cumulative Medical Record" documentation sheet indicated "CT scan R shoulder done" and signed by the contract LPN (Licensed Practical Nurse). Client B's 1/28/13 "Physician's Order" indicated "Acetaminophen 325mg (milligrams), give 2 tablets (650mg) every 4hrs (four hours) as needed (for) headache/pain, Aspirin 325mg tablet (for pain), give 1 tablet orally 2 times a day as needed, Ibuprofen 800mg tablet, give 1 tablet orally every 6 hours as needed (for pain)." Client B's 9/24/2009 "Health Risk Plan" indicated "Osteoarthritis, client has potential pain related to Osteoarthritis. Client's pain will be at a tolerable level as evidenced by verbalization or signs of absence of pain...staff will document on MAR pain level and medications and their effectiveness."</p> <p>On 3/1/13 at 11:45am, an interview with the SC (Service Coordinator) was completed. The SC indicated client B's pain should have been recorded. The SC indicated no staff training documents were available for review in regards to client B's pain management and client B's</p>						

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	<p>9/2009 "Health Risk Plan." The SC indicated client B was seen by the doctor on 2/15/13 because of pain and client B's right shoulder had a CT scan completed on 2/27/13.</p> <p>9-3-6(a)</p>						

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W000344	<p>483.460(d)(2) NURSING STAFF</p> <p>The facility must employ or arrange for licensed nursing services sufficient to care for clients' health needs including those clients with medical care plans.</p> <p>Based on record review and interview, the facility failed for 5 of 5 clients residing at the home (clients A, B, C, D, and E), to have Licensed Nursing staff to care for clients' health needs from 2/13/13 until 2/19/13.</p> <p>Findings include:</p> <p>A review of the facility's employee personnel records was conducted on 2/28/13 at 11:55 A.M. for the group home where clients A, B, C, D, and E lived. Review of the facility's Registered Nurse (RN) personnel record was reviewed. Review of the record indicated the facility's only RN went on sick leave 2/13/13 and was still on sick leave on 3/1/13. The temp agency LPN staffing contract was not signed until 2/18/13 by the agency director and the contract nursing agency. Review of the contract agency payment invoice dated 2/23/13 indicated contract nursing staff began services on 2/19/13.</p> <p>An interview with the facility's administrator was conducted on 3/1/13 at 12:15 P.M.. The administrator indicated</p>	W000344	Please See W 102		04/14/2013		

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	<p>the facility's only RN is currently on sick leave but is on call and further indicated the facility went through a period (2/13/13 to 2/19/13) without any nursing staff.</p> <p>9-3-6(a)</p>						

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W000346	<p>483.460(d)(4) NURSING STAFF</p> <p>If the facility utilizes only licensed practical or vocational nurses to provide health services, it must have a formal arrangement with a registered nurse to be available for verbal or onsite consultation to the licensed practical or vocational nurse.</p> <p>Based on interview and record review, for 5 of 5 clients residing at the group home (clients A, B, C, D and E), the facility failed to ensure a registered nurse was available to consult and/or oversee licensed practical nurses to ensure nursing staff met the health care needs of the clients.</p> <p>Findings include:</p> <p>A review of the facility's employee personnel records was conducted on 2/28/13 at 11:55 A.M.. Review of the facility's Registered Nurse (RN) personnel record was reviewed. Review of the record indicated the facility's only RN went on sick leave 2/13/13 and was still on sick leave on 3/1/13. No further documentation was submitted for review to indicate the facility had an RN available to consult and/or oversee licensed practical nurses to ensure nursing staff met the health care needs of the clients.</p> <p>An interview with the facility's</p>			W000346	Please See W 102		04/14/2013

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	<p>administrator was conducted on 3/1/13 at 12:15 P.M.. The administrator indicated the facility's only RN is currently on sick leave and further indicated the facility went through a period without any nursing staff. The administrator further indicated there is no nurse physically available, she is only available to the administrator by phone contact to address clients A, B, C, D and E's health needs. A request for contact information for the RN was made. The administrator stated "I can answer any questions you have."</p> <p>9-3-6(a)</p>						

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W000382	<p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration. Based on observation, record review, and interview, for 1 of 3 sampled clients (client A), the facility failed to ensure the client's medications were kept locked when not being readied for administration.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 2/27/13 from 4:05 P.M. until 6:30 P.M., clients B, C, D, and E were walked independently throughout the group home. Client A lay in her bed beside the unlocked medications. At 5:03 P.M., a clear plastic lunch bag containing several bottles of medication was in a plastic basket sitting on client A's night stand next to her bed. The medications were not locked. A review of the bottles indicated: "Vitamin B-6 50 mg (milligram) tablet (supplement)...1 tablet orally once a day...Isoniazid 300 mg tablet (antibiotic to prevent tuberculosis bacteria from multiplying)...1 tablet orally once a day...Brimonidine Tartrate .15% (glaucoma)...Instill 1 drop into each eye twice daily...Hydrocodone 325 mg (pain)...1 tablet orally every 6 hours as needed."</p>		W000382	<p>The medications noted in W 382 and all unlabeled medications were removed on 3/31/13 The Community Services Nurse will re-train all staff on the proper labeling and storage of medications by 4/14/13. To ensure future compliance, the Community Services Nurse will make unannounced visits to the home at least bi-weekly for three months and quarterly thereafter to ensure medications are stored properly.</p>		04/14/2013	

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	<p>An interview with the Service Coordinator (SC) was conducted on 3/1/13 at 11:45 A.M.. The SC indicated all medications be kept locked in the medication cabinet. The SC indicated the facility followed the Living in the Community Core A/Core B medication administration training. No nurse was available for interview.</p> <p>On 3/1/13 at 11am, a record review of the facility's undated "Living in the Community" Core A/Core B training for medication administration indicated "Core Lesson 3: Principles of Administering Medication" indicated medications should be kept secured.</p> <p>9-3-6(a)</p>						

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W000391	<p>483.460(m)(2)(ii) DRUG LABELING</p> <p>The facility must remove from use drug containers with worn, illegible, or missing labels.</p> <p>Based on observation, record review, and interview, the facility failed for 1 of 3 sampled clients (client A), to have wound care medications labeled.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 2/27/13 from 4:05 P.M. until 6:30 P.M.. At 5:11 P.M., a plastic basket with several unlabeled bottles was observed on client A's bedroom nightstand. Review of the unlabeled bottles indicated: "Repara advanced skin care-skin protectant with aloe...Select Antifungal Cream 2% Miconazole Nitrate for the treatment of jock itch, ring worm and athlete's foot." There were also 3 clear plastic bottles containing a clear liquid identified by Direct Support Professional (DSP) #2 as saline solution. The bottles did not contain client A's name or instructions for administration. The bottles did not contain a label.</p> <p>An interview with DSP #2 was conducted on 2/27/13 at 5:24 P.M.. DSP #2 indicated the unlabeled medications were used to treat client A's skin breakdown.</p>	W000391	Please see W 382		04/14/2013		

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	<p>DSP #2 further indicated the bottles did not have labels.</p> <p>An interview with the Service Coordinator (SC) was conducted on 3/1/13 at 11:45 A.M.. The SC indicated all medications should have a pharmacy label on them. No Nurse was available for interview.</p> <p>9-3-6(a)</p>						

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W000436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on record review and interview, for 3 of 3 clients (clients A, B, and C) who used adaptive devices, the facility failed to provide client A's recommended lower dentures, client B's recommended eye glasses, and client C's recommended hearing aids.</p> <p>Findings include:</p> <p>1. A review of client A's record was conducted on 2/28/13 at 12:15 P.M.. Review of client A's most current dental assessment dated 4/30/12 indicated she wore upper and lower dentures. Further review of the record indicated: "Nursing notation dated 4/30/12-Patient says her lower denture was lost. In order to get Medicaid approved for a new denture we need to know circumstances resulting in the loss." There was no other documentation in client A's record addressing the loss and/or replacement of client A's lower dentures.</p> <p>An interview with the Service Coordinator (SC) was conducted on</p>	W000436	<p>Please see 227 in addition a desensitization plan will be for Client B will be reworked to provide her with more prompting to wear her glasses. This prompting will be documented. Additionally, the plan will include alternative methods of carrying her glasses between locations. Staff will be trained on this new plan by 4/14/13. The tracking sheets for these consumers will be monitored by the service coordinator weekly for a month and then monthly thereafter. The IDT will review Nutritional, health, developmental and other assessments as they are received or at least annually to compare them to Client goals and risk plans to ensure that all areas of need are being addressed. The Behavior health director or designee will perform a random audit of client files at least quarterly to ensure that emerging client needs are being addressed by the team.</p>		04/14/2013		

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	<p>3/1/13 at 11:45 A.M.. When asked if client A's dentures had been replaced, the SC stated "I have no idea, I knew nothing about it." The SC further indicated she was not sure when the dentures would be replaced.</p> <p>2. On 2/27/13 from 4:05pm until 6:15pm, client B was observed at the group home with Group Home Staff (GHS) #1, #2, and #3 and client B did not wear her prescribed eye glasses. No teaching or training to wear her prescribed eye glasses was observed.</p> <p>Client B's record was reviewed on 2/28/13 at 12noon. Client B's 7/19/12 ISP (Individual Support Plan) indicated a goal/objective to wear her prescribed eye glasses. Client B's 7/3/12 and 4/12/12 "Nursing Quarterly" assessments indicated client B wore prescribed eye glasses. Client B's 11/4/11 visual assessment indicated she wore prescribed eye glasses.</p> <p>On 3/1/13 at 11:10am, an interview with the Service Coordinator (SC) was conducted. The SC indicated client B wore prescribed eye glasses and facility staff should have prompted client B to wear them.</p> <p>3. On 2/27/13 from 4:05pm until 6:15pm,</p>						

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	<p>client C was observed at the group home with Group Home Staff (GHS) #1, #2, and #3 and client C did not wear prescribed hearing aids. Client C sat in the dining room, sat in the living room, and walked throughout the group home independently without activity. Each time GHS #1, GHS #2, and GHS #3 wanted to talk to client C the staff members walked to client C and took client C by the hand to the room the staff wanted client C to sit in. Client C sat, smiled at the speaker each time, and did not communicate with staff.</p> <p>Client C's record was reviewed 3/1/13 at 11:20am. Client C's 7/23/12 ISP (Individual Support Plan) did not indicate a communication objective. Client C's 7/23/12 ISP indicated "Hearing Difficulties. Audiologist 6/23/06 (2006) audio notes-Has tried many forms of amplification, is unable to consistently wear amplification, all forms tried with no success, unable to wear amplification, still able to communicate with one to one conversation without amplification, is able to communicate with staff and workshop, is given verbal cues, and understands task, IDT (Interdisciplinary Team) 2/11/09 (2009) discussed agreed (sic) staff to be aware and communicate to nurse any further decline." Client B's 8/5/2011 letter from the hearing clinic</p>						

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	<p>indicated client C "was seen on 8/4/2011 for audiometric testing. Results of that evaluation...(The) report indicated [client C] had utilized hearing aids in both ears in the past. Her most recent set of hearing aids was acquired from the clinic in 2006...." Client C's 8/4/11 auditory evaluation indicated "...suspect mild sloping to severe SNHL (hearing) in at least 1 (one) ear...Recommendation:...discussed hearing aid candidacy with Service Coordinator." Client C's 1/24/13 "Physician's Order" indicated "hearing aid, on in the morning, check placement at 5pm, remove & store in an unlocked area at HS (night). Change Hearing Aid Battery every week on Sunday."</p> <p>On 3/1/13 at 12:15pm, an interview with the SC was conducted. The SC indicated client C did not wear hearing aids and did not have hearing aids available to wear. The SC indicated she was unaware of the 8/2011 recommendation made by the audiologist and was unaware of client C's physician's order to wear hearing aids.</p> <p>This federal tag relates to complaint #IN00123154.</p> <p>9-3-7(a)</p>						

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W009999	<p>State Findings:</p> <p>460 IAC 9-3-1(b) The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met:</p> <p>The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division.</p> <p>This state rule is not met as evidence by:</p> <p>Based on record review and interview, the facility failed for 4 of 4 reportable incidents for 1 of 3 sampled clients (client A), to report to the Bureau of Developmental Disabilities Services (BDDS) in a timely manner.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted at the facility's administrative office on 2/27/13 at 2:15 P.M.. Review of the facility's internal Incident/Accident reports and Bureau of Developmental Disability Services (BDDS) reports indicated the following for client A:</p>		W009999	<p>The Behavior Health Director will review BDDS reporting requirements with the Service Coordinator and DSPs that are involved with 53rd Ave by 4/14/13. In order to identify other areas of concern all other Coordinators will be trained on reporting and investigation requirements. In order to prevent reoccurrences posters explaining client rights and reporting requirement will be made and distributed to all group homes and the day program so that staff and clients become more aware of the requirements on an ongoing basis. Additionally all staff will be trained on reporting and investigation requirements for Abuse Neglect, and Exploitation at least annually unless changes occur or need requires this to be done more frequently. To ensure that Service Coordinators are trained on reporting and investigation requirements for Abuse Neglect, and Exploitation the Behavioral Health Director will review their training records at least annually and document review of findings. Area Managers will review DSP training records to ensure they have been training at least annually and document review of findings. All new Service Coordinators and DSPs will be trained on reporting and investigation requirements for</p>		04/14/2013	

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	<p>-Internal incident/accident report dated 1/3/13 at 6:30 A.M.: "Received a call from group home staff that the consumer's blood pressure was low. I informed staff to with hold her B/P (blood pressure) medications until she gets to the workshop. I ask (sic) Health and Safety Tech to recheck her B/P. Blood pressure was rechecked by the Health /Safety Tech. Consumer blood pressure was low. Ambulance was called to transport her to [Name of Hospital] for evaluation and treatment. What measure(s) do you think could prevent reoccurrence of this Incident/Accident? Staff need (sic) to follow instructions and pay close attention to what they are doing. Give medication in he way they should be done. Part B-Action Taken: Consumer was sent to the ER (Emergency Room) @ [Name of Hospital] for evaluation and treatment. Further review of the record failed to indicate a BDDS report was submitted about this incident.</p> <p>-Internal incident/accident report dated 1/3/13 at 9:40 A.M.: "Health Safety tech received a call from the Nurse stating an ambulance will be coming to take (client A) to the hospital. Got [client A] ready to go to hospital." Further review of the record failed to indicate a BDDS report was submitted about this incident.</p>		<p>Abuse Neglect, and Exploitation prior to working a home or with a client. In addition, the Service Coordinators will be present in their homes at least two times per month to ensure protection of clients, address concerns, monitor activities, etc. Documentation of visits will be completed and will include specifics to the client as well as the visit. The Behavioral health Director will review progress notes regularly.</p>				

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	-BDDS report dated 1/27/13...Date of Knowledge: 1/27/13...Submitted Date: 1/29/13 indicated: "During hospital transport to [Hospital #2 name], [client A]'s foot was cut. Plan to Resolve: [Client A] required at least 6 stitches on her left toe. [Client A] is currently in the hospital. While visiting the hospital for follow up on [client A]'s wound care, [Hospital #2]'s Nursing staff indicated that [client A] sustained an injury during transportation to the hospital. Sometime after [client A] left the group home and before she arrived at the hospital [client A] hit her second toe on her left foot in transport. There is no report from the paramedic as to specifically what she hit her toe on but it is suspected that the transport gurney bed rails were involved per hospital staff. The paramedics immediately reported the injury to the hospital staff and at least stitches were needed to close the wound. No staff were suspended and no internal investigation can be completed as she was not in The Arc NWI (Northwest Indiana) care at the time of the injury. It was previously reported the [client A] was being transported for shortness of breath, this was the primary focus of medical staff, and additional documentation of this injury is not available for review but no abuse is suspected based on the reporting from Paramedics and the care she						

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	<p>received while in the ER." This incident was not reported within 24 hours to BDDS.</p> <p>A review of client A's record was conducted at the facility's administrative office on 2/28/13 at 12:15 P.M.. Review of client A's medical record indicated the following:</p> <p>-Nursing notation dated 11/2/12: "Consumer is admitted to [Name of Hospital] campus on telemetry unit due to history of Hypercalcemia." No documentation was submitted for review to indicate a BDDS report was submitted of this incident.</p> <p>-Nursing notation dated 1/3/13: "Received a phone call from group home DSP stated her (client A)'s B/P was 85/82 Pulse 53. I advised staff to not give her B/P medications and to bring her blood pressure medication Metoprolol 50 mg (milligram) to the workshop with her and give it to the H and S Tech. While at the workshop her B/P was left arm 69/33 and right arm 78/42. I called for Ambulance to transport client to the ER-[Name of Hospital] for evaluation and treatment. Ambulance arrived at the [Day Program name] to transport client to the ER." No documentation was submitted for review to indicate a BDDS report was submitted of this incident.</p>						

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NAME OF PROVIDER OR SUPPLIER ARC OF NORTHWEST INDIANA INC, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 300 W 53RD AVE GARY, IN 46410			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>-Nursing notation dated 1/3/13: "Consumer was admitted to the ICU (Intensive Care Unit) at Hospital diagnosis of Hypotension and Acute Renal Failure." No documentation was submitted for review to indicate a BDDS report was submitted of this incident.</p> <p>-Nursing notation dated 1/23/13: "[Client A] was discharged from the hospital today...Upon receiving a post hospital assessment it was found that [client A] has 3 areas of concern on her body. A decube (an open area on her skin) on her left buttock, a small open area on her left chest and a small area of concern between her toes. [Client A] wilt be seen at the wound clinic on 1/29/13 to address all wounds. [Client A] also came home with a pacemaker/defibrillator. A machine was sent to the house to be placed by her bed which will monitor her from midnight until 6 A.M.-7 days a week. [Client A] is still a bit weak from being in the hospital and will require staff to assist her with transports until she is steady on her feet. [Client A] will remain home until after she is seen at the wound clinic on 1/29/13." No BDDS report was available for review.</p> <p>A review of the Bureau of Developmental Disabilities Services (BDDS) reporting</p>						

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	<p>policy effective March 1, 2011 was conducted on 2/28/13 at 7:00 P.M.. The policy indicated: "It is the policy of the Bureau of Quality Improvement Services (BQIS) to utilize an incident reporting and management system as an integral tool in ensuring the health and welfare of the individuals receiving services administered by BDDS...Incidents to be reported to BQIS include any event or occurrence characterized by risk or uncertainty resulting in of having the potential to result in significant harm or injury to an individual including but not limited to:</p> <ul style="list-style-type: none"> - "An emergency intervention for the individual resulting from: <ul style="list-style-type: none"> a. a physical symptom b. a medical or psychiatric condition c. any other event" - "An injury to an individual when the cause is unknown and the injury could be indicative of abuse, neglect or exploitation." - "An injury to an individual when the cause of the injury is unknown and the injury requires medical evaluation or treatment." - "A significant injury to an individual that includes but is not limited to...e. Lacerations which require more than basic first aid. f. any occurrence of skin breakdown related to decubitus ulcer, regardless of severity...Initial incident 						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>reporting to BQIS. Within 24 hours of initial discovery of a reportable incident, the reporting person shall file an incident initial report with BQIS using the DDRS approved electronic format...."</p> <p>An interview with the Service Coordinator (SC) was conducted at the facility's administrative office on 3/1/13 at 11:45 A.M.. The SC indicated these incidents were not reported to BDDS. No further documentation was submitted for review to indicate BDDS reports were submitted for the mentioned incidents.</p> <p>9-3-1(b)</p>						